

WPC-LA Clinic Participation Application

Thank you for your interest in partnering with Whole Person Care – Los Angeles (WPC-LA). The information provided in this application will help the WPC-LA team better understand your clinic and its affiliated sites. Please refer to the WPC-LA Memorandum of Understanding (MOU), for details on what collaboration would mean for your clinic. The MOU provides helpful context as you fill out this application. Applications are accepted on a rolling basis.

There are two parts to this application:

- Part 1 – Clinic Network Information: These questions refer to information about the overall clinic network.
- Part 2 – Clinic Site Specific Information: These questions refer to individual clinic sites within your network. Please complete Part 2 of the application for every clinic site that will be partnering with WPC-LA.

If you have further questions, please contact Henna Zaidi via e-mail at HZaidi@dhs.lacounty.gov

Part 1 - Clinic Network Information

Respondent Contact Information	
Name	
Role	
Phone	
Email	
WPC Executive Leader	
<i>Please designate an executive leader responsible for overall WPC-LA collaboration and strategy across clinic(s).</i>	
Name	
Role	
Phone	
Email	
Clinic Network Information	
Clinic Name	
Total Number of Sites	

Supplemental Questions

- Does your clinic(s) provide the following services:
Mental Health Services
 - Yes, on site
 - Yes, offsite with contracted provider
 - Yes, general referral
 - No
 - Interested and need technical assistance



If you chose **a or b**, please answer the following:

What is the average wait time for an appointment? _____

What types of services? _____

Please list clinic sites where mental health services are provided (if not provided through all the clinics within network). If services are provided through an affiliated organization, please list provider name:

Substance Use Disorder (SUD) Treatment Services

- a. Yes, on site
- b. Yes, off site with contracted provider
- c. Yes, general referral
- d. No
- e. Interested and need technical assistance

If you chose **a or b**, please answer the following:

What is the average wait time for an appointment? _____

What types of services? _____

Please list clinic sites where substance use disorder treatment services are provided (if not provided through all the clinics within network). If services are provided through an affiliated organization, please list provider name:

Please list clinic sites that have a medication-assisted treatment (MAT) certified provider for SUD treatment services:

Peer Support Specialist and Services

- Yes
- No
- Interested and need technical assistance

If you answered “Yes”, please list and describe the peer support groups provided at your clinic:

Please list clinic sites where services are provided (if not provided through all clinics within network.)
If services are provided through an affiliated organization, please list provider name:

2. Does your clinic network have strategic goals to expand or focus on services for certain populations?
(i.e. homeless, justice-involved, mental health, etc.)

Part 2 - Clinic Site Specific Information

Please provide information for each specific site within your clinic network. If your clinic network has multiple sites, please complete one form per site.

Clinic Network – Site Information	
Clinic Site Name	
Address	
Total Number of Staff	
Total Number of PCPs	
Of the Total PCPs:	
Percent MDs or DOs	
Percent PA or NP	
Total Number of Social Workers	
Total Number of CHWs or Other Community & Peer Support Staff	
Type of Duties	
Specialty Services Provided at Clinic Site	
Type of Funding/Designation	Primary Care Homeless Public Housing Federally Qualified Health Center Look-Alikes

Level of Engagement

We have defined a spectrum of clinic partnership models that addresses variations of capacity and services at clinic sites. Levels of engagement are defined as:

- **Tier A – Partially Integrated CHWs:** CHWs within the clinic’s SPA will partner with key staff at the clinic and be knowledgeable about support personnel with whom to coordinate care.
- **Tier B – Integrated CHWs:** Specific CHWs will be dedicated to the clinic for a designated number of hours per week. Clinic has dedicated staff to triage WPC-LA participant appointment to address urgent issues in a timely manner. Clinic has direct referral relationships with mental health, substance use disorder or social support services for participants with identified need.
- **Tier C – Community Collaboration Clinics:** Specific CHWs will be dedicated to the clinic for a designated number of hours per week. Clinic has dedicated staff to triage WPC-LA participant appointment to address urgent issues in a timely manner. Clinic has onsite resources for two of the three services: mental health, substance use disorder, or social support services.

Please identify which tier your clinic would like to engage with WPC-LA:

- Tier A
- Tier B
- Tier C

If you selected Tier C, please identify **at least two services** that your clinic provides onsite:

- Mental health
- Substance use disorder
- Justice-involved focused social support services

Site Champion Contact Information

Please designate an individual at this clinic site who can be contacted by a WPC-LA team member for next steps.

Please check this box if the application respondent will be this site’s WPC-LA champion.

Name	
Role	
Phone	
Email	